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New Hampshire
School Immunization Requirements 2016/2017

DTaP DT/DTP Tdap	6 years and under: 4 or 5 doses of a diphtheria, tetanus, and pertussis vaccine with the last dose given on or after the 4 th birthday. 7 years and older: 3 or 4 doses of a diphtheria, tetanus and pertussis vaccine with the last dose given on or after the 4 th birthday. A dose of Tdap can be considered as one of the doses. 11 years and older: A one-time dose of Tdap. If a child turns 11 on or after the first day of school, they are required to have Tdap prior to the first day of the next school year. A Tdap vaccine given on or after the 7 th birthday meets the school requirement.
Polio	Grades K-4: 3 or 4 doses with one dose on or after the 4 th birthday, with the last two doses separated by 6 months. Grades 5-12: 3 doses, with the last dose given on or after the 4 th birthday ¹ Or 4 doses regardless of age at administration. ¹
Hepatitis B	Grades K-12: 3 doses at acceptable intervals.
MMR	Grades K-12: 2 doses required; the first dose must be on or after the 1 st birthday.
Varicella	Grades K-7: 2 doses. ² Grades 8-12: 2 doses. ³ The 1 st dose must be on or after the 1 st birthday.
<p>1. If a combined IPV/OPV polio schedule was used, 4 doses are always required, even if the 3rd dose was after the 4th birthday. 2. Varicella vaccination or laboratory confirmation of chicken pox disease is required. 3. Varicella vaccination, history of chicken pox disease, or laboratory confirmation of chicken pox disease is required.</p>	

- Children must have proof of all required immunizations, or valid exemptions, in order to attend the first day of school. Documentation of immunity by confirming laboratory test results is acceptable.
- A child may be conditionally enrolled when the parent or guardian provides:
 - (1) Documentation of at least one dose for each required vaccine; AND
 - (2) The appointment date for the next dose of required vaccine. (He-P 301.13)
http://www.gencourt.state.nh.us/rules/state_agencies/he-p300.html
- All immunizations must meet minimum age and interval requirements for each vaccine. A 4-day grace period is allowed; however, live attenuated vaccines not administered on the same day should be administered at least 28 days apart.
- Medical and religious exemption information is available at:
<http://www.dhhs.nh.gov/dphs/immunization/exemptions.htm>

Minimum Age & Interval Schedule for Valid Vaccine Doses - New Hampshire School Immunization Requirements 2016/2017

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
Diphtheria, Tetanus, and Pertussis DTaP	DTaP – Dose 1	6 weeks	4 weeks between Dose 1 & 2	For children 6 years and under, the 5 th dose is not necessary if the 4 th dose was administered at age 4 years or older.
	DTaP – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	DTaP – Dose 3	14 weeks	6 months between Dose 3 & 4	
	DTaP – Dose 4	12 months	6 months between Dose 4 & 5	
	DTaP – Dose 5	4 years	-----	
Tetanus, Diphtheria, and Pertussis Tdap	Tdap – Dose 1	10 years*	-----	If a child turns 11 on or after the 1 st day of school a one-time dose of Tdap vaccine is required prior to the 1 st day of the next school year. *Tdap given on or after the 7 th birthday meets this requirement.
Polio IPV	IPV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	*Kindergarteners through 4 th Grade: 3 or 4 doses, with one dose on or after the 4 th birthday, with the last two doses separated by 6 months. If Dose 3 is given after the 4 th birthday, only 3 doses are required (if an all OPV or all IPV schedule).
	IPV – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	IPV – Dose 3	14 weeks	*4 weeks to 6 months between Dose 3 & 4	
	IPV - Dose 4	4 years	-----	
Hepatitis B HepB	HepB – Dose 1	Birth	4 weeks between Dose 1 & 2	Minimum age for Dose 3 is ≥ 24 weeks
	HepB – Dose 2	4 weeks	8 weeks between Dose 2 & 3	
	HepB – Dose 3	24 weeks	16 weeks between Dose 1 & 3	
Measles, Mumps, and Rubella MMR	MMR – Dose 1	12 months	4 weeks between Dose 1 & 2	Live attenuated vaccines not administered on the same day should be administered at least 28 days apart.
	MMR – Dose 2	13 months	-----	
Varicella (chickenpox) VAR	VAR – Dose 1	12 months	12 weeks between Dose 1 & 2	If first dose administered ≥ age 13 years - two doses separated by a minimum interval of 4 weeks.
	VAR – Dose 2	15 months	-----	Live attenuated vaccines not administered on the same day should be administered 28 days apart.

Pre-school Students 3-5 Years Old

New Hampshire Immunization Requirements 2016/2017

Please refer to the Minimum Age & Interval Schedule
for acceptable intervals and age requirements

DIPHTHERIA, TETANUS, PERTUSSIS (DTaP/DT)

3-5 years	Four doses - the 3 rd and 4 th dose should be separated by at least 6 months.
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POLIO

3-5 years	Three doses
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MEASLES, MUMPS, and RUBELLA (MMR)

3-5 years	A dose administered on or after age 12 months.
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HAEMOPHILUS INFLUENZAE TYPE B (Hib)

3-5 years	One dose on or after 15 months of age OR four doses with the last dose administered on or after 12 months of age. Hib is not required for children \geq 5 years of age.
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HEPATITIS B VACCINE

3-5 years	Three doses given at acceptable intervals.
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VARICELLA (CHICKEN POX) VACCINE

3-5 years	A dose administered on or after age 12 months.
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Brand Names for Vaccines

Alphabetical List

May be used as a reference when reviewing immunization records

This is a list of many vaccine brand names.

Not all are required for school, pre-school, or childcare admittance.

Brand Name	Vaccine(s)/Abbreviation
ActHIB®	Haemophilus influenzae type b (Hib)
Adacel®	Tetanus, Diphtheria, Pertussis (Tdap)
Boostrix®	Tetanus, Diphtheria, Pertussis (Tdap)
Comvax®	Haemophilus influenzae type b (Hib) & Hepatitis B (HepB)
Daptacel®	Diphtheria, Tetanus, Pertussis (DTaP)
DT	Diphtheria, Tetanus (DT)
Engerix B®	Hepatitis B (HepB)
Hiberix®	Haemophilus influenzae type b (Hib)
HibTITER®	Haemophilus influenzae type b (Hib)
Infanrix®	Diphtheria, Tetanus, Pertussis (DTaP)
Ipol®	Polio (IPV)
Kinrix®	Diphtheria, Tetanus, Pertussis (DTaP) & Polio (IPV)
M-M-R II	Measles, Mumps, Rubella (MMR)
Pediarix®	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), & Hepatitis B (HepB)
PedvaxHIB®*	Haemophilus influenzae type b (Hib)
Pentacel®	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), & Haemophilus influenzae type b (Hib)
ProQuad®	Measles, Mumps, Rubella & Varicella (MMRV)
RecombivaxHB®	Hepatitis B (HepB)
Tripedia®	Diphtheria, Tetanus, Pertussis (DTaP)
Varivax®	Varicella (Chicken Pox, VAR)

See <http://www.cdc.gov/vaccines/about/terms/USVaccines.html> for other vaccine brand names.